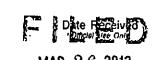
STATEMENT OF ECONOMIC INTERESTS

CO COVER PAGE CALIFORNIA FORM A PUBLIC DOCUMENT



Please type or print in ink.	(GF)		SANTA BARBARA COUNTY
NAME OF FILER (LAST)		(FIRST)	Multiple I I UNS
Carbajal Salu		Salud	Ortiz
1. Office, Agency, or Col	urt		
Agoncy Name			
County of Santa Barbar			
Division, Board, Department, District, if applicable		Your Position	
Board of Supervisors		First District Supervisor	· · · · · · · · · · · · · · · · · · ·
► If filing for multiple positions	s, list below or on an attachment	t.	
Agency:		Position:	1
2. Jurisdiction of Office	(Check at least one box)		1
State		☐ Judge or Court Commissioner	T
Multi-County		⊠ County of Santa Barbara	3
3. Type of Statement (ch	neck at least one box)		
December 31, 20	red is January 1, 2011, through 011.	Leaving Office: Datc Left (Chack one)	<u> </u>
-or- The period cover December 31, 20	red is/	, through O The period covered is January office.	nuary 1, 2011, through the date of
Assuming Office: Date a	assumed/	The period covered is the date of leaving office.	
Candidate: Election Year	Office	e sought, if different than Parl 1:	<u> </u>
4. Schedule Summary			
Check applicable schedules of	or "None."	► Total number of pages including th	his cover page: 3
Schedule A-1 - Investment			Business Positions - schedule attached
Schedule A-2 - Investment		Schedule D - Income - Gifts - sch	1
Schedule B - Real Propen	ty - schedule attached	Schedule E - Income - Gifts - Tre	evel Payments - schedule attached
		-01- portable interesis on any schedule	1
5 Marification			
I certify under penalty of perj	jury under the lows of the Stat	ate of California that tr	
Date Signed 3/9 5	2/1 <u>2</u>	Signatur c ∡	
	7fit. 009, 5-0 19		

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
Name
Salud O. Carbajal

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
California Lutheran University	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
60 West Olsen Road, Thousand Oaks, CA 91360	<u> </u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Higher Education	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Adjunct Professor	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<u>S500 - \$1,000</u> <u>S \$1,001 - \$10,000</u>	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	510,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic portner's income	Salary Spouse's or registered domostic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Real property, car, bank, etc.)	(Raul property, cer, boet, etc.)
Commission of Rental Income, the sech source of \$10,000 or more	Commission or Rental Income, lici each source of \$10,000 or more
. Othor(Dascribe)	Other (Ossorbe)
· · · · · · · · · · · · · · · · · · ·	
	RIOD MARKET LISTS AND STATE TO STATE OF
	lending institutions, or any indebtedness created as part of a
	e lender's regular course of business on terms available to
	tatus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Yours)
ADDRESS (Businoss Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personni residenco
	Gast Smooth
HIGHEST BALANCE DURING REPORTING PERIOD	Resi Property Sireat address
\$500 - \$1,000	
	Cr
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	•
OVER \$100,000	Other (Docorico)
•	linear and
	·
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Salud O. Carbajal	

1. INCOME RECEIVED	→ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Santa Barbara Neighborhood Clinics	Danya International
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1900 State Street, Suite G. Santa Barbara 93101	8737 Coleville Road, Ste. 1100 Silver Spring, MD
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Director of Health Promotions	Consultant for Federal Government
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<u>\$1,001 - \$10,000</u>	\$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domostic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Pertnership	Loan repsyment Partnership
Sale of	Sale of
(Real property, car, boal, etc.)	(Real proporty, car, boel, etc.)
Commission or Remail Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
_	
Other (Coscribe)	Other 1 (Doscribe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD COMPANIES CONTRACTOR CONTRAC
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part of a
	e lender's regular course of business on terms available to
	tatus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	ws: ·
NAME OF LENDER*	INTEREST RATE TERM (Months/Yoars)
	%
ADDRESS (Business Address Accoptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	. Street address
<u> </u>	
S500 - \$1,00D	City
\$500 - \$1,000 \$1,001 - \$10,000	. City
	City
\$1,001 - \$10,000	Guarantor :
\$1,001 - \$10,000 \$10,001 - \$100,000	<u>_</u>
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor .
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor ,